


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90002 034 \*\*\*\*61.25

<b>DOCUMENT # 766535</b> 1. Entity Name <b>SUN CITY CENTER UNIT 46 PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>PO BOX 5298</b> <b>SUN CITY CENTER, FL 33573 US</b>			Mailing Address <b>P.O BOX 5298</b> <b>SUN CITY CENTER, FL 33571 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-2771911</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02282007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>HINES, JAMES P</b> <b>315 S HYDE PARK AVE</b> <b>TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CLARKE, JAMES</b> <input checked="" type="checkbox"/> Delete <b>1617 BENTWOOD DR</b> <b>SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BARBARA Williams</b> <b>1609 BENTWOOD DR.</b> <b>SUN CITY CENTER, FL 33576</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>GANEY, JEREMIAH</b> <b>1619 BENTWOOD DRIVE</b> <b>SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HOYING, EUGENE</b> <b>1611 FAXTON DRIVE</b> <b>SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ALDKE, PAUL</b> <b>1911 DEL WEBB BLVD W</b> <b>SUN CITY CENTER, LF 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <input type="checkbox"/> Delete <b>SAYER, NANCY</b> <b>2124 MEADOWLARK LANE</b> <b>SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>PIERCE, RICHARD</b> <b>1905 DEL WEBB BLVD W</b> <b>SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DOUGLAS GEONDA</b> <b>1629 BENTWOOD DR.</b> <b>SUN CITY CENTER FL 33573</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>BW Williams, Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/4/2007 813-634-6987 <small>Date Daytime Phone #</small>		